



System-of-Care Evaluation Brief

System-of-Care Program Sustainability for One Intertribal Project

Sustainability of program services beyond the funded grant period is a national issue for Comprehensive Community Mental Health Services for Children and Their Families Program system-of-care communities seeking to obtain financial security. It is an even greater issue for American Indian and Alaska Native communities where the majority of youth-focused social/emotional, educational, and recreational services come and go as grants and cooperative agreements are funded and are implemented through the course of the funding period. This brief highlights the steps one American Indian system-of-care community utilized to obtain Medicaid reimbursements for their program to ensure sustainability.

The United Tribes Technical College (UTTC) sponsored the Sacred Child Project (SCP), which serves four tribal communities in North Dakota (Three Affiliated Tribes, Turtle Mountain, Spirit Lake, Trenton Indian Service Area) and a fifth that straddles the North and South Dakota border (the Standing Rock Tribe), aimed to develop a tribal infrastructure of collaborative systems that, in turn, would reduce the out-of-home placement of American Indian children. From its inception, the Sacred Child Project was focused on sustainability as a primary goal. The staff determined that use of Medicaid reimbursement would enable the community to sustain the project after the Center for Mental Health Services (CMHS) grant funding period ended.

A delegation of SCP and tribal program administrators met with the North Dakota medical services director during their initial funding year. They discussed Medicaid reimbursement for SCP care coordinators (case managers). Three major roadblocks to obtaining Medicaid reimbursement were discussed: service provider qualifications, service delivery locations, and a need for amendments to the State Medicaid plan.

Roadblock #1: Authorized Providers

Amendments to the State Medicaid plan were needed to include federally recognized tribes and Indian tribal organizations (urban or reservation based).

Concern: In order to amend the State Medicaid plan, the SCP administration had to develop a memorandum of agreement with

System-of-Care Evaluation Briefs report findings from the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program funded by the Center for Mental Health Services of the Substance Abuse and Mental Health Services Administration. The Program provides six-year grants to states, political subdivisions of states, American Indian Tribes, tribal organizations, and territories to support the development of community-based systems of care for children with serious emotional disturbance and their families. Systems of care are developed using an approach that emphasizes integration of services through collaborative arrangements between child-serving sectors such as education, child welfare, juvenile justice, and mental health; youth and family caregiver participation; and cultural and linguistic competence of services. The Briefs are published monthly and are sponsored by the Child, Adolescent and Family Branch of the federal Center for Mental Health Services.



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each of the participating tribes to contract direct service operations and develop an infrastructure to monitor and bill for Medicaid reimbursement as service providers.

Solution: SCP needed to provide the State with information on service delivery operating costs, which included care coordinator salaries, coordinator supervision, and administrative and training costs. This figure was easily identified and submitted by SCP staff (year one finances were maintained by the United Tribes Technical College, the sponsoring entity for the Sacred Child Project). A reimbursement rate was negotiated and signed by all parties, and a reimbursement process was developed and implemented in the four tribal communities.

Roadblock #2: Provider Qualifications

Only State regional human service center employees (with a bachelor's degree in human services or related fields) are eligible providers for reimbursement under the North Dakota State Medicaid plan. Additionally, there was no provision for tribes or tribal programs to receive Medicaid reimbursements for targeted case management under children's mental health.

Concern: Recruiting staff with this educational background is difficult. For example, finding educated staff who have experience with and are competent to work with the cultural needs of the tribal community is difficult. In addition, hiring qualified personnel is difficult because the communities are isolated and lack housing for new community staff. Non-Native staff usually have very little investment in the community and therefore stay for only brief periods of time. One other concern is the lack of experience with wraparound services, which are not yet taught at the university level.

Solution: In response to the State's minimum qualification, SCP demonstrated that its uniform training and certificate on wraparound would adequately replace the State's educational requirement. This enabled the SCP program to hire, train, and certify local tribal members who were knowledgeable about community resources and culture and still were eligible for Medicaid reimbursement.

Roadblock #3: Matching Requirement

Medicaid requires that services be provided in a medical/clinical setting for 100% Federal reimbursement. In contrast, reimbursement for services based in non-clinical locations is approximately 70% Federal and 30% State.

Concern: SCP services are specifically not provided in a clinical setting in order to ensure the fidelity of the wraparound process and to assure comfortable family-based service delivery (in accordance with CMHS expectations for systems of care).

Solution: Tribes that are currently participating in an Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) 638 Federal contract for services delivered on the reservation are eligible for reimbursement regardless of the location of services. A provision under P.L. 103-413, the Indian Self-Determination Act Amendments of 1994, "permits tribal organizations to meet matching or cost participation requirements of other federal and non-federal programs." The UTTC Sacred Child Project contracted with each tribe to provide their own tribal direct services rather than continue to employ site personnel as UTTC employees.

Outcome

Because the focus of the project is to develop tribal service delivery capacity, it was decided that the individual tribal projects would submit for reimbursement. Staff training on recordkeeping and evaluation was provided at each participating tribal community. The amendment to the State Medicaid plan to cover targeted case

management services provided by North Dakota tribes was approved on February 8, 2000, with an effective date of September 1, 1999. As a result of the SCP administrative efforts, at least one of the participating tribal communities, the Turtle Mountain Band of Chippewa, has achieved financial sustainability for their current level of operations. Other than the committed vision of the tribal social service administrators, there are several reasons why it appears they are more successful with this process than other sites: (a) all of the children receiving services had Medicaid eligibility, (b) the majority of the children served had previously been diagnosed with a serious emotional disturbance (or were able to get a diagnosis), and (c) record maintenance and tracking systems were well established and monitored by a skilled data coordinator who was responsible for the Medicaid billing.

Issues in Sustaining Systems of Care

- ▶ Programs must develop systems that include a knowledge base on Medicaid requirements and how those specific requirements are addressed with their State plan. Additionally, it is important for programs to develop political connections and knowledge of State systems in negotiating amendments and rates in the State plan for Medicaid reimbursements.
- ▶ Communities must plan to address the needs of children not eligible for Medicaid benefits. Private insurers should be contacted to determine whether mental health services and supports are covered under parental or caretaker policies.
- ▶ Some children may not be eligible for a serious emotional disorder diagnosis. Therefore, planning must incorporate financial support for these children.
- ▶ States may attempt to point out that tribal sovereignty precludes State responsibility for services to children. Efforts should be made to educate both State and Federal administrators on the joint responsibilities of Native American people as residents of the State and as tribal trust beneficiaries.
- ▶ This program highlights an important issue for a number of tribal communities whose reservation boundaries cross State borders. This would mean multiple issues in regard to differing State Medicaid plans.
- ▶ Some States may insist that tribes submit Medicaid third-party billing through their local IHS unit. IHS may be unwilling to assume this responsibility due to funding, staffing, or system deficiencies. In this case, tribal communities would need to have an established infrastructure available to develop and submit third-party State Medicaid reimbursements. This may include issues such as computer hardware and software requirements as well as the technical expertise to manage and operate the system.
- ▶ Tribal communities may not have an IHS and BIA 638 contract (or in the case of urban-based tribal communities, not be eligible for this type of Federal contracting) and as a result will be forced to locate the State match requirements for Medicaid. Often tribal communities that do have this contracting status (e.g., child welfare, tribal court, tribal police) are typically underfunded, understaffed, and unprepared to establish a third-party billing process. One additional issue for tribal communities is that IHS and BIA 638 contract match dollars can only be used once for match purposes. This may jeopardize other programs relying on the same program match.

Recommendations from the Sacred Child Project

More outreach efforts are needed to provide information on Medicaid requirements for sustainability efforts. Often trainings are regional and geared to mainstream programs or services. Making regional Medicaid training available specifically for tribal communities would be extremely helpful since many communities are just beginning to examine this funding mechanism as resource. An important regulatory issue is that IHS and BIA 638 tribal contract funds are limited and can be used only once as a Federal programmatic match, which severely limits the availability of match funds for tribal communities (Painte, 2002).

Reference:

Painte, D. (2002). *Project report on sustainability, submitted to CMHS*. Unpublished manuscript.

Developing tribal infrastructures directed toward sustaining systems of care requires Federal, State, and tribal collaboration.

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